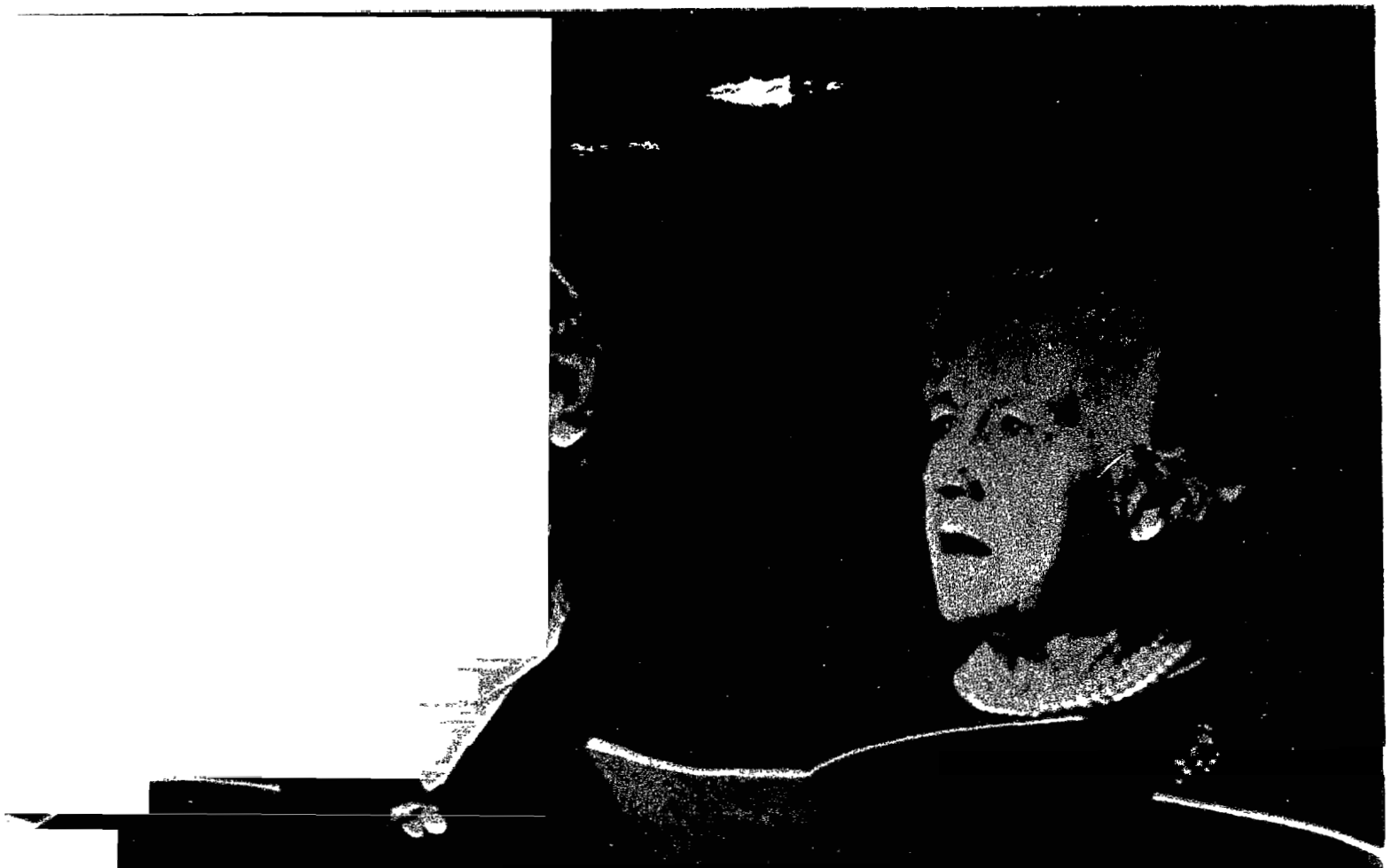
Profiles Of Older People



gates to the White House erence on Aging will be con- ed with numerous important s about older people. The o many of these questions al. Consider:

- Do the personal conditions of ple--health, security, loneli- , outlook on life--improve elp is provided?
- family and friends provide eatest amount of services levels of impairment of people?
- Do older people in urban and rural locations have a majority of their needs met?
- Are people 75 years old and older in a worse personal condition than those 65 to 74 years old?
- Are older people living in public housing in a worse personal condition than those living in private housing?

he answer to all these questions is ES.

The data in this booklet is based on a study of older people in Cleveland, Ohio, which includes comparisons of the characteristics of older people in Ohio with older people in Oregon & Kentucky. This study was done for the Congress of the United States.

The United States General Accounting Office provides this booklet to the delegates to help them in their deliberations. We believe that by knowing about older people in these locations, the delegates can better address the issues of aging. The delegates would have a mental image of older people--their personal conditions, their problems, and the services needed.

The booklet is divided into five major subject matters:

- Conditions of older people
- Cost of home services versus cost of institutionalization
- Comparison of older people in urban and rural locations
- Conditions of people 75 years old and older
- Conditions of older people in ublic housing

To set the stage for this booklet, a brief discussion of the three studies--Ohio, Oregon, and Kentucky--follows.

Descriptions of Data Bases

The information in this booklet comes from three separate studies that included information about people 65 years old and older not residing in institutions. The older people in the samples lived in Cleveland, Ohio; Lane County, Oregon; and the Gateway Health District, northeastern Kentucky.

All three studies used the Older American Resources and Service Questionnaire developed by Dr. George Maddox and colleagues at the Duke University Center for the Study of Aging and Human Development. During a personal interview, the older people in the three studies replied to 101 questions about their well-being in five areas of functioning: social, economic, mental, physical, and activities of daily living. Our study was a unique collaborative effort in that the Duke University Center's basic research in aging was joined with our applied research in service utilization by older people.

Cleveland, Ohio

Cleveland was selected for the st
because of the community's will
ingness participate. Over 100
ager provided us with service
introductions on older people. The
Cleveland Foundation and the
Cleveland Mayor's Commission on
Aging were particularly helpful to
us in arranging for interviews and
obtaining the support of local
agencies.

We took a sample from over
80,000 older people in the city
who were 65 years old and older
and who were not in institutions,
such as nursing homes. In our
study, 1,609 people were inter
viewed for us by Case Western
Reserve University personnel from
June through November 1975. A
year later, 1,311 of these people
were reinterviewed. We used this
sample to make some national
projections for illustrative purposes
only, because estimates of condi
tions, problems, and help as they
applied to older people were not
available nationally.

Lane County, Oregon

The Lane County study was made
in 1978 by the University of Oregon
and the Lane County Community
Health and Social Services Depart
ment. The study developed a
comprehensive data base for plan
ning programs from a sample of
persons 60 years old and older
living in the county. From this
sample, we segregated data on 868
persons 65 years old and older:

- Rural Lane County, 426 older persons who live in unincorpor ated areas consisting of farms and timberland.
- Urban Lane County, 318 older persons who live in Eugene and Springfield, Oregon.
- Lane County, Oregon (town), 124 older persons who live in small towns.

Gateway Health Dist., Kentucky

In 1977 the Gateway Health District studied the demographic character istics and needs of a sample of people 60 years old and older living in the district. This district consists of five counties in northeastern Kentucky (Bath, Menifee, Mont gomery, Morgan, and Rowan) within the Cumberland Plateau. The district is a severely econom ically depressed rural area consisting of small communities and homes dispersed over a large area of mountainous terrain in Appalacia. Data on 128 people 65 years old and older, not in institutions and living in unincorporated or in corporated areas of fewer than 2,500 people, were segregated by us from this sample and used in our comparative analyses. We refer to these people as rural northeastern Kentucky.

The Well-being Of Older People

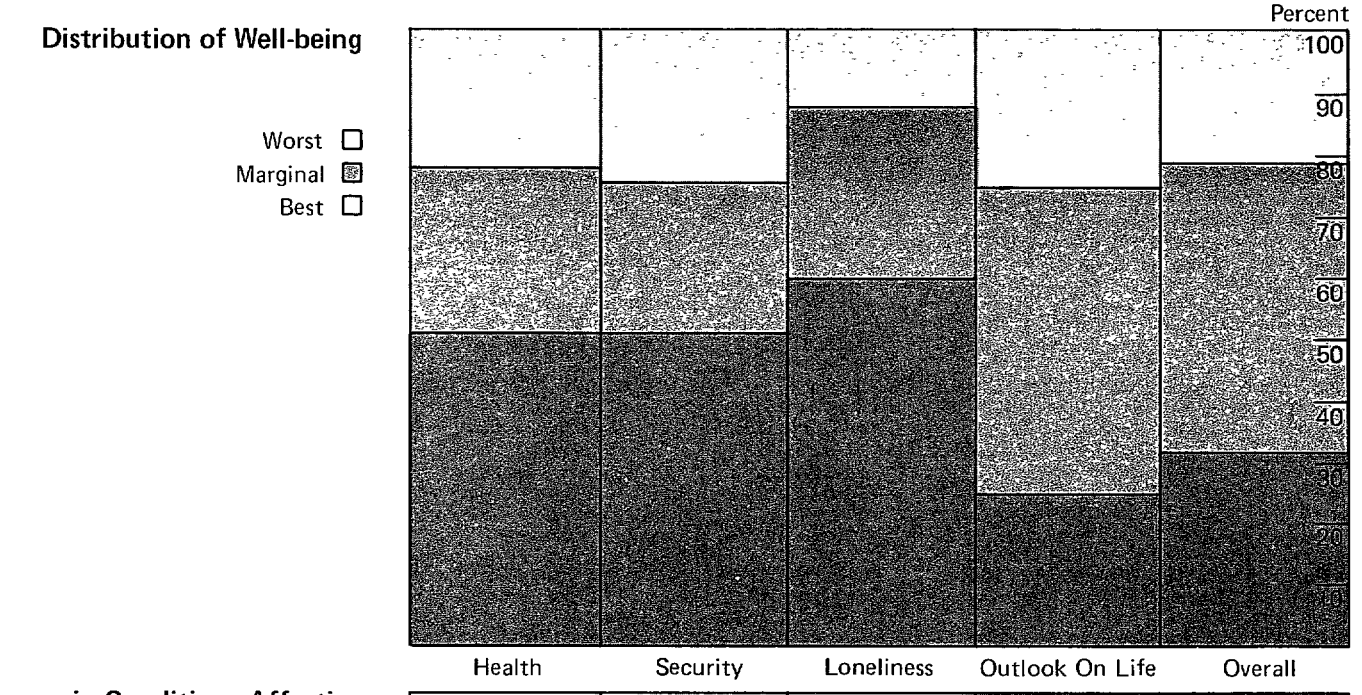
Conditions Of Older People

Over half of the older people in this survey were in the ***best*** health, security, and loneliness conditions, and 24 percent of the sample were in the ***best*** condition in outlook on life. About a third of the sample were in the ***best*** overall condition of well-being. At the other end of the spectrum, more than one-fifth (21 percent) were in the ***worst*** condition.

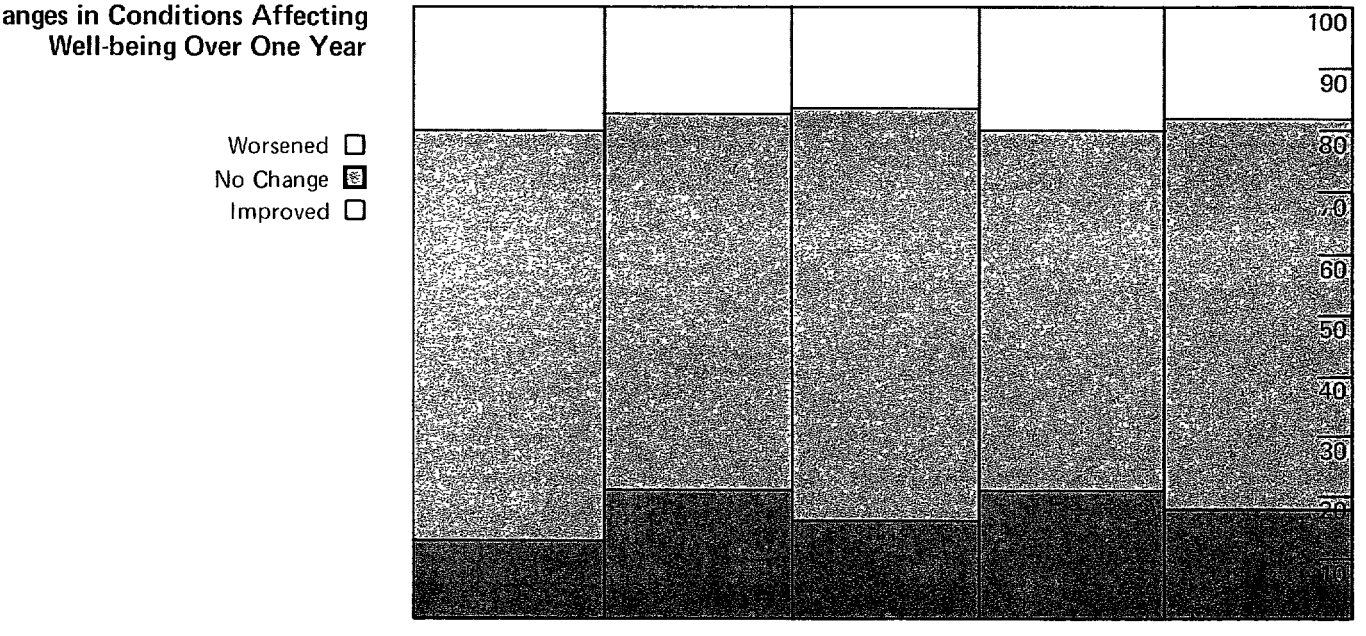
Over 1 year's time, about two-thirds (64 percent) of the older people remained in a stable overall personal condition..

The same condition improved for 18 percent over the year and declined for 18 percent. The outlook on life condition and security condition changed the most. Loneliness and health conditions changed the least.

Distribution of Well-being



Changes in Conditions Affecting Well-being Over One Year



Effects of Help on Older People

A sizable portion of the older population would benefit from expanded help in dealing with their problems and conditions.

The most benefit would be realized in their illness situation. About 9.2 percent of our sample (1.9 million people nationwide) for example, would have been in a better condition in 1976 had they been treated for all the illnesses that interfered a *great* deal with their activities.

Unmet Needs

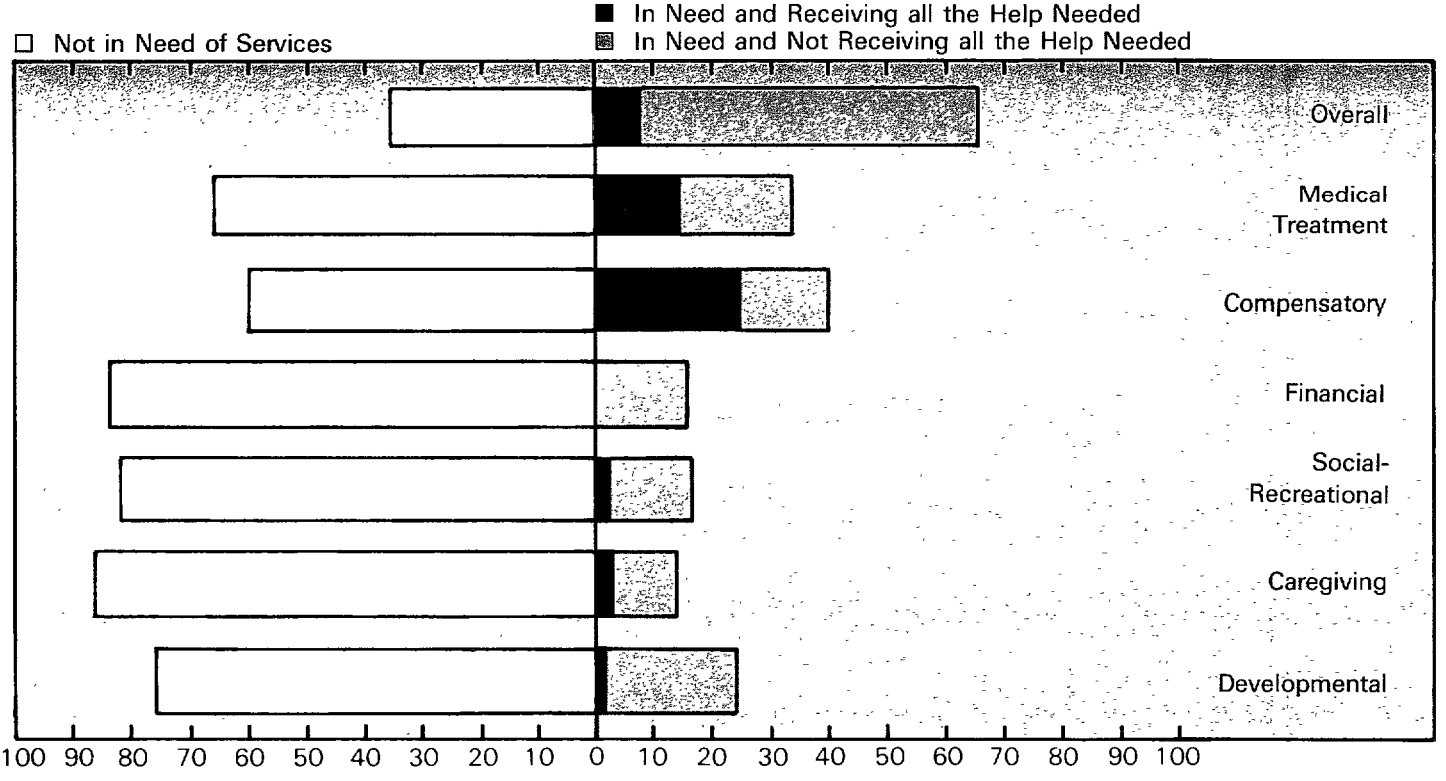
The kinds of help that reached the lowest proportion of older people in need were financial, social-recreational, and developmental help. (Developmental help is help such as educational and employment services for people with few interests which can lead to a negative outlook on life).

Overall, 65 percent of our sample needed some kind of help, but only 8 percent received all the help needed and 57 percent needed additional help. In contrast, compensatory help reached the highest proportion of those in need. (Compensatory help compensates for an inability to do daily tasks such as homemaker services and meal preparation).

Estimated Benefit of Additional Help for One Year

Condition or Problem	Kind of Help	Effect of Increased Help	Percent of Sample Benefiting	National Estimate of People Benefiting (000 omitted)
Health problem	Medical treatment	Better illness situation	9.2	1,923
Health condition	Medical treatment	Better ability to perform activities of daily living	.6	129
Security condition	Medical treatment	Better security condition	.7	137
Security problem	Financial	Better feeling about adequacy of money	5.6	1,169
Loneliness problem	Social/recreational	More social contact	3.3	693
Outlook on life condition	Developmental	Better outlook on life	4.9	1,035

Percentage of Older People in Need Receiving/Not Receiving Sufficient Assistance (By Type of Need)



Current Costs Of Helping Older People

Care provided to the elderly by family and friends, federal, state, local, and private agencies is significant

National estimates of the cost of help are not available. For illustrative purposes national estimates were drawn for the 21 million non-institutionalized older people 65 years old and older in 1975 by projecting the results of the Cleveland study. About $139 billion in help is provided annually to the 21 million adults in this country who are 65 years old and older and live outside institutions. About 70 percent of this amount is provided through federal, state, local, and private agencies most of which is federally funded.

Long-range Benefits In Helping Older People

To demonstrate the effects of help over 20 years, the conditions and problems of the 65 to 69 year old age group were projected for the next 20 years. For example, 11 percent more of the 65 to 69 age group would be experiencing a better health condition in 1980 than if they had not received expanded help. Fourteen percent more would be experiencing a better situation in 1985, 14 percent more in 1990, and 12 percent more in 1995.

Average Cost of Help for Each Older Person in Cleveland

Kind of Help	Source		Total		Projected National Estimate (Billions)
	Family and Friends	Agencies	Amount	Percent	
Medical Treatment	$ 6	$ 954	$ 960	14.51	$20.2
Compensatory	1,821	578	2,399	36.26	50.4
Financial	172	2,946	3,118	47.12	65.5
Social-Recreational	—	134	134	2.03	2.8
Caregiving	2	3	5	.07	.1
Developmental	—	1	1	.01	.02
Total	$2,001	$4,616	$6,617	100.00	$139.02
Percent	30	70	100		

Estimated Long-Range Benefits of Expanded Help

Condition or Problem	Kind of Help	Effect of Expanded Help	Average Percent of 65 to 69 Age Group in a Better Condition			
			In 5th Year	In 10th Year	In 15th Year	In 20th Year
Health Problem	Medical Treatment	Better Illness Situation	11	14	14	12
Security Problem	Financial Help	Better Feeling About Adequacy of Money	11	12	14	15
Loneliness Problem	Social-Recreational	More Social Contact	2	4	3	3
Outlook On Life Condition	Developmental	Better Outlook on Life	4	4	5	4

Home Services & Institutionalization

Cost Comparison

Several factors contribute to an individual's ability to function outside an institution. One of these factors is the services which compensate for impairment: people who are more impaired receive more services than people who are less impaired.

Transportation, checking and social/recreational services drop drastically and nursing care, personal care, and continuous supervision increase significantly. Eventually the most severely impaired people require almost constant and comprehensive care.

As the level of impairment increases, so does the cost, or value, of home services.

At each level of impairment, the value of services provided by family and friends is substantially greater than the cost of the services provided by agencies. Thus, the costs of maintaining the most impaired persons at home is substantially greater than the cost of maintaining those who are less impaired, with family and friends shouldering a dominant share of the costs.

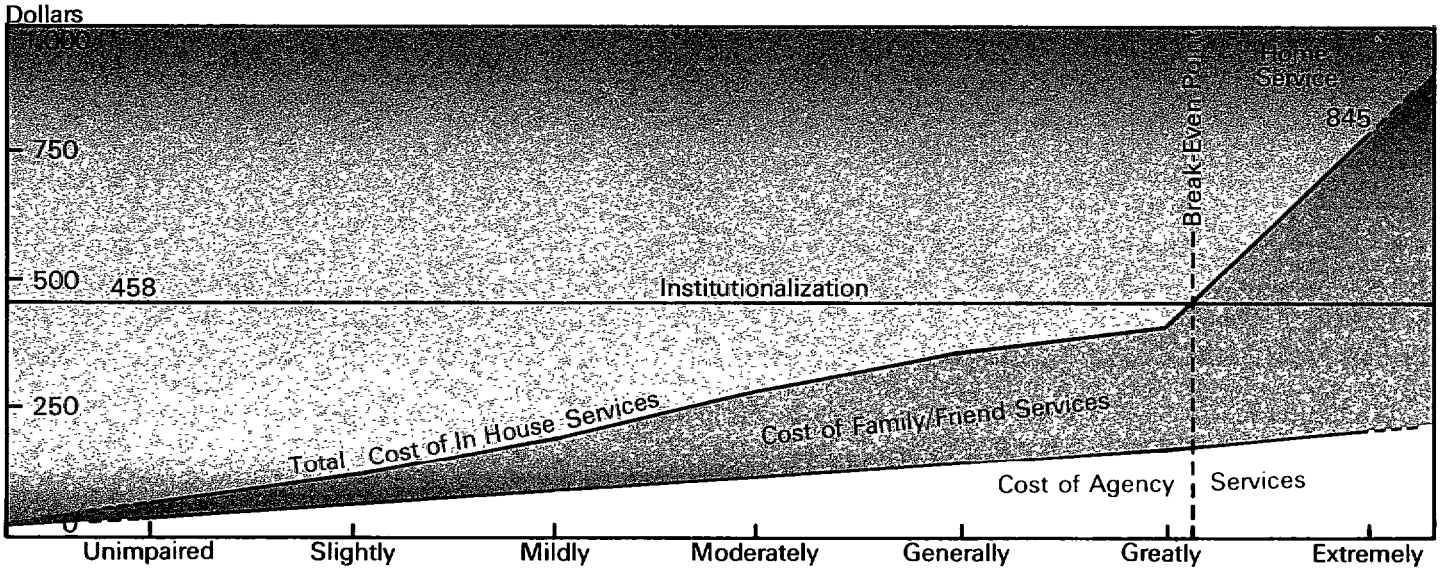
There is a point in the impairment scale, falling within the greatly impaired level, where home service costs, including the value of services provided by family and friends, equal institutional costs. Thereafter, the cost of home services increases significantly over the cost of institutionalization.

About 10 percent of the noninstitutionalized older people fall in the area above the break-even point. At the greatly impaired level—where the break-even point falls—family and friends are providing over $287 per month for services for every $120 being spent by agencies.

The Primary Services Received At Each Impariment Level

Service	Impairment Level						
	Unimpaired	Slightly	Mildly	Moderately	Generally	Greatly	Extremely
Transportation	✓	✓	✓	✓	✓	✓	✓
Checking (periodic monitoring)	✓	✓	✓	✓	✓	✓	✓
Social/recreational	✓	✓	✓	✓	✓		
Homemaker			✓	✓	✓	✓	✓
Housing			✓	✓	✓	✓	✓
Administrative/legal				✓	✓	✓	✓
Meal preparation				✓	✓	✓	✓
Food, groceries				✓	✓	✓	✓
Personal care (aiding an individual with dressing, bathing, etc.)						✓	✓
Continuous supervision (full-time monitoring)							✓
Nursing care (skilled care)							✓

Comparison of Estimated Monthly Cost of Home Services and Institutionalization at Each Impairment Level per Individual



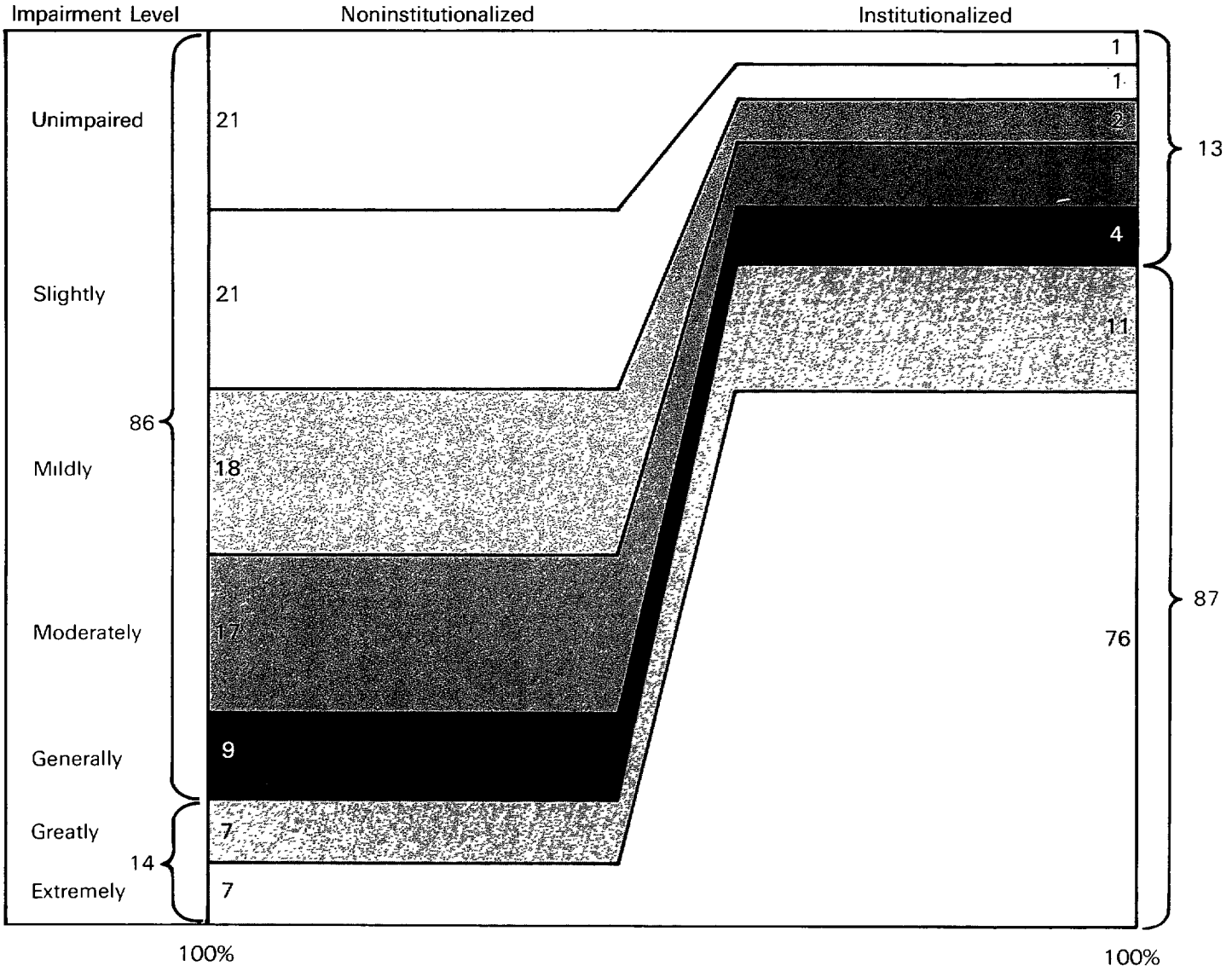
Other Differences: Impairment Level & Living Arrangement

A substantial difference in level of impairment exists between the institutionalized and noninstitutionalized populations.

Specifically, 87 percent of the institutionalized elderly are estimated to be greatly or extremely impaired,
while 14 percent of those living in the community are estimated to be at this level of impairment.

To determine what percentage of the total elderly population was greatly or extremely impaired, data on noninstitutionalized people in Cleveland was combined with data on institutionalized people in Durham, N.C. This combination was possible since the Durham and Cleveland populations had similar demographic characteristics. Of this total population, 17 percent were greatly or extremely impaired.

Impairment Levels of Institutionalized and Noninstitutionalized People (Percentages)

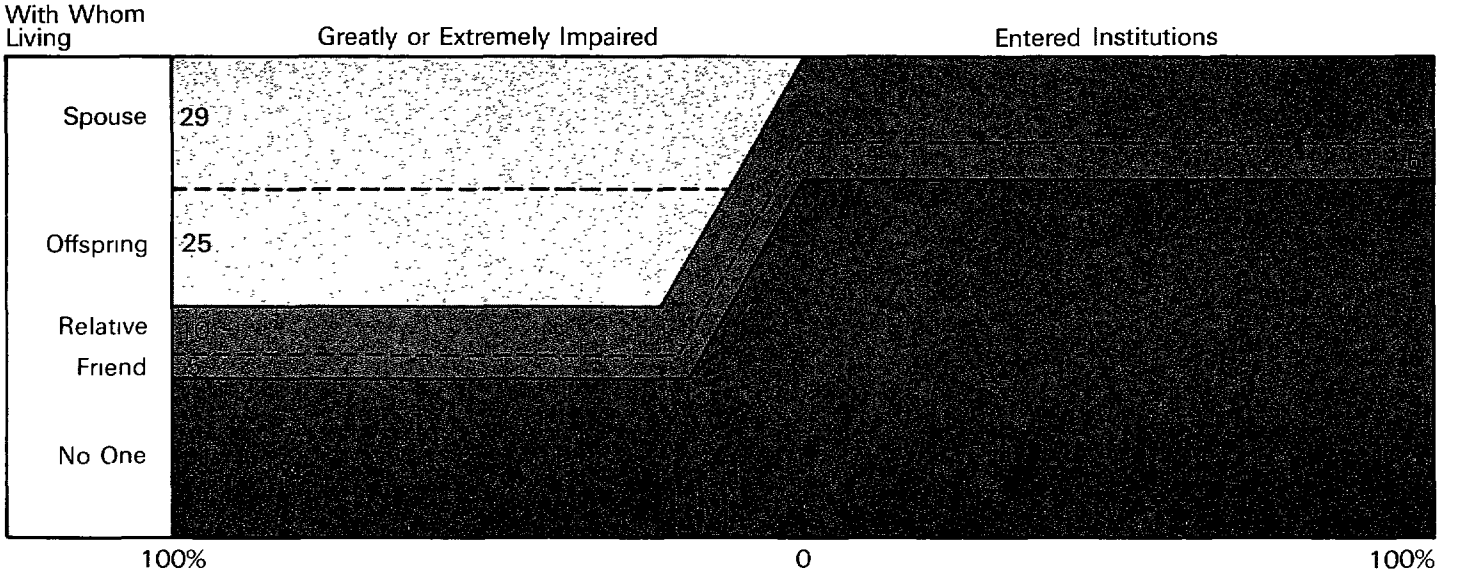


Few institutionalized older people had a spouse or lived with their children at the time they were institutionalized. Seventeen people in the Cleveland sample, or about 1 percent, were institutionalized within 1 year after the sample was taken. The 17 institutionalized people compared with the 21 people who were greatly or extremely impaired and remained in the community illustrates the importance of living arrangement in preventing institutionalization. None of those institutionalized had a spouse or lived with their children; over three-fourths had lived alone. In comparison, 29 percent of the greatly or extremely impaired people living in the community were married and an additional 25 percent lived with their children.

Impairment Levels of the Total Population (Percentages)

Impairment Level	Total Older Population	
Unimpaired	20	
Slightly	20	
Mildly	18	
Moderately	16	
Generally	9	
Greatly	7	17
Extremely	10	
	100	

Living Arrangement of Greatly or Extremely Impaired Elderly Entering Institutions (Percentages)



Rural & Urban Comparisons

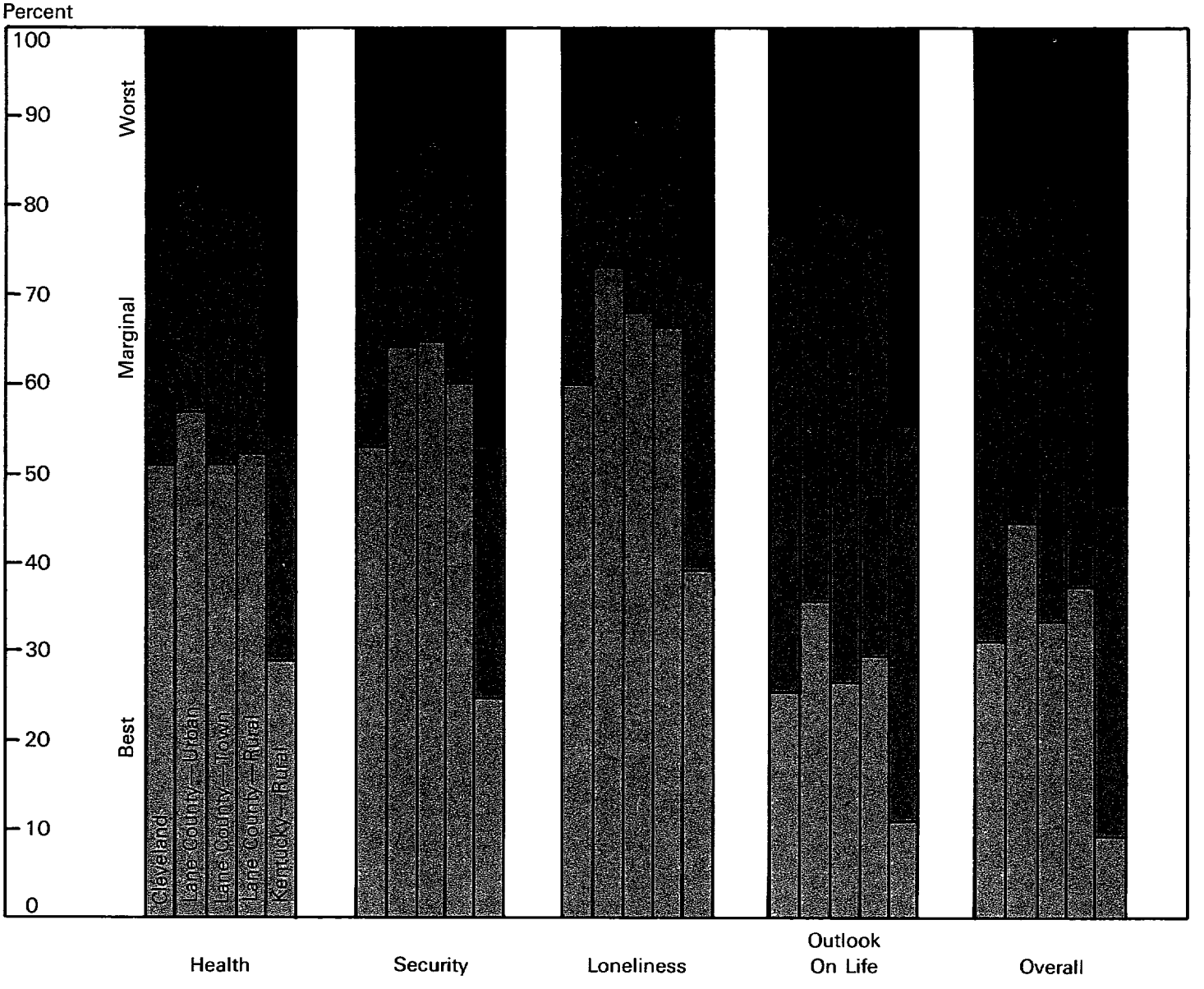
The data for these analyses come from three separate studies that included information about people 65 years old and older not residing in institutions. The older people in the samples lived in Cleveland, Ohio; Lane County, Oregon; and the Gateway Health District, northeastern Kentucky.

Conditions Of Older People

People in rural northeastern Kentucky were generally in worse condition--with respect to health, security, loneliness, and outlook on life--than people in Cleveland or in the rural and urban areas of Lane County.

Over half the people in rural northeastern Kentucky were in the worst overall condition, compared to 21 percent in Cleveland and 17 percent or less in the rural and urban areas of Lane County, as shown below.

Percentage Comparisons of Level of Personal Conditions of Older People in Urban, Town and Rural Areas

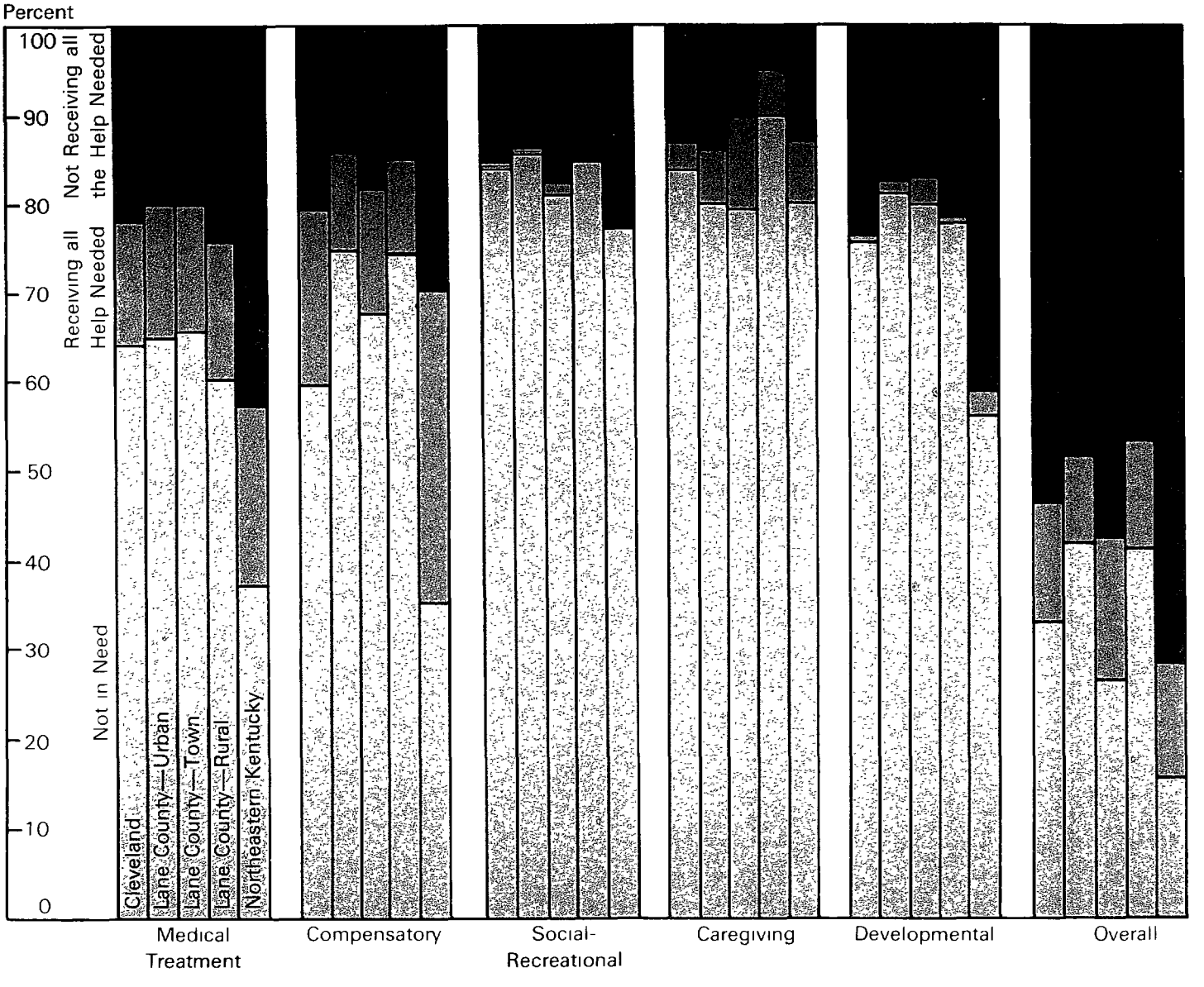


Need For Help

At all locations, a significant percentage of the older people (58 to 84 percent) needed one or more kinds of help. About half or more of these people (47 to 71 percent) were not receiving all the help they needed.

The need for medical treatment was the greatest unmet need at all locations except for Cleveland. In Cleveland, the need for both medical treatment and developmental help was the greatest unmet need--23 percent. The need for this help ranged from 34 percent of the people in Lane County (town) to 63 percent in rural northeastern Kentucky. A range of 20 percent of the people in urban Lane County to 43 percent in rural northeastern Kentucky were not receiving all the help they needed.

Comparative Percentages Among Older People in Rural, Town and Urban Areas Who Are in Need of Services, By Type of Service



Illnesses & Daily Activities

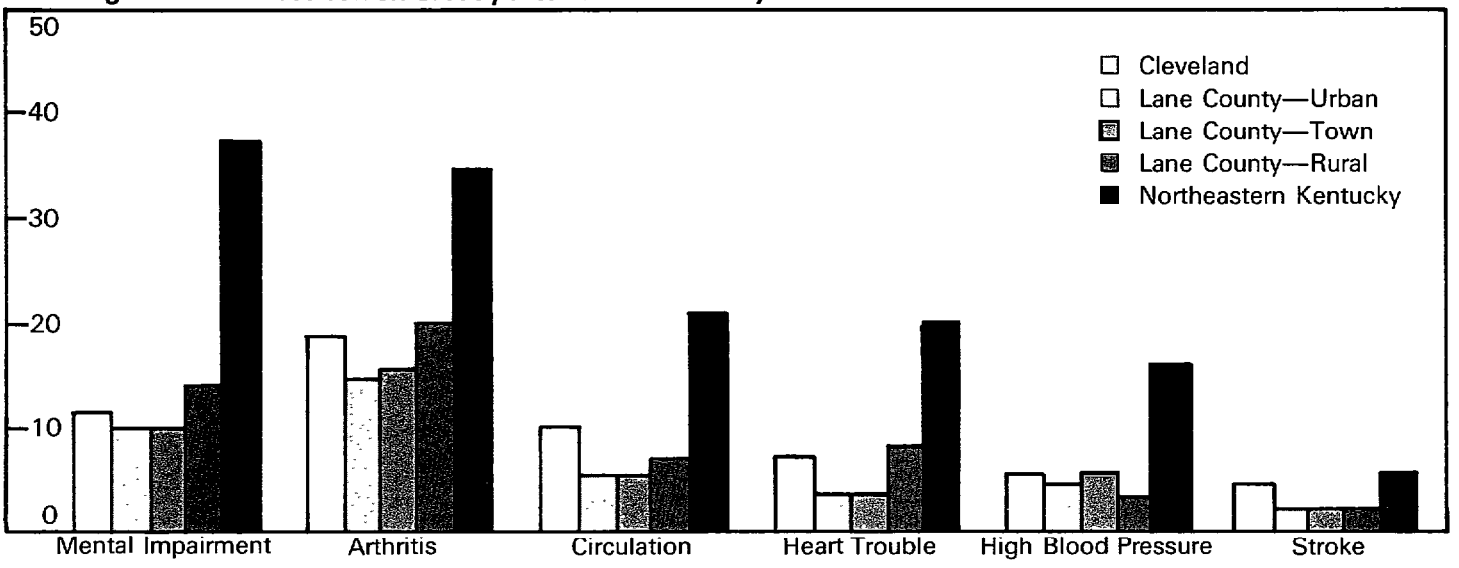
Mental impairments and arthritis most frequently interfered with the daily activities of older people. The percentage of people with mental impairments interfering with activities ranged from 10 percent in Lane County (urban and town) to 37 percent in northeastern Kentucky. For arthritis, the range was from 14 percent in urban Lane County to 34 percent in Kentucky.

Sources Of Help

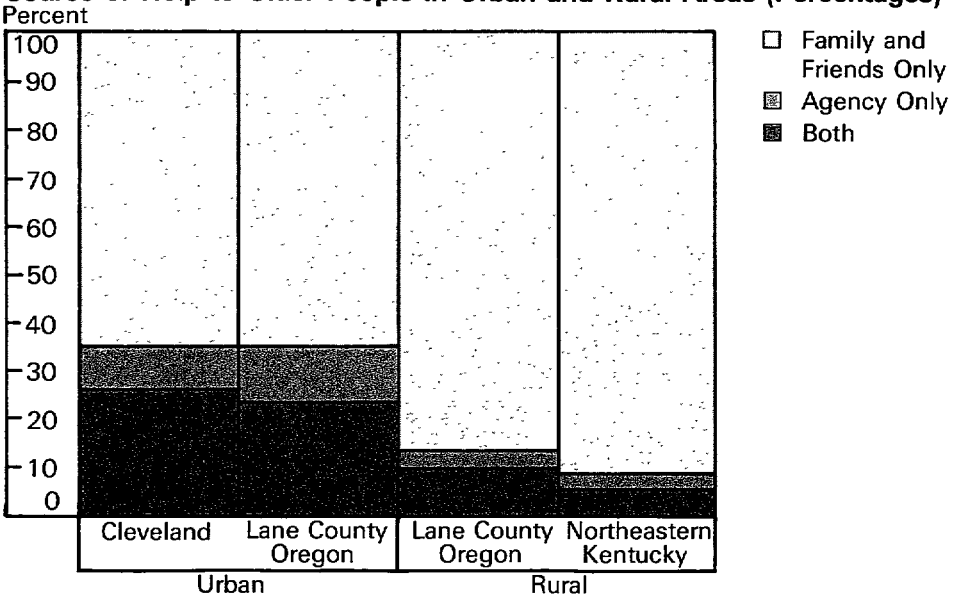
The predominant source of help in rural areas comes from family and friends, compared to a combination of family, friends and agencies in urban areas.

In rural Lane County and rural northeastern Kentucky, people who needed help in activities of daily living and who received all help needed, received about 90 percent of this help from family and friends only. In contrast, people in Cleveland and urban Lane County received about 68 percent of their help from family and friends only.

Percentages Among Older People in Urban, Town and Rural Areas Suffering From an Illness Which Greatly Interferes With Daily Activities



Source of Help to Older People in Urban and Rural Areas (Percentages)

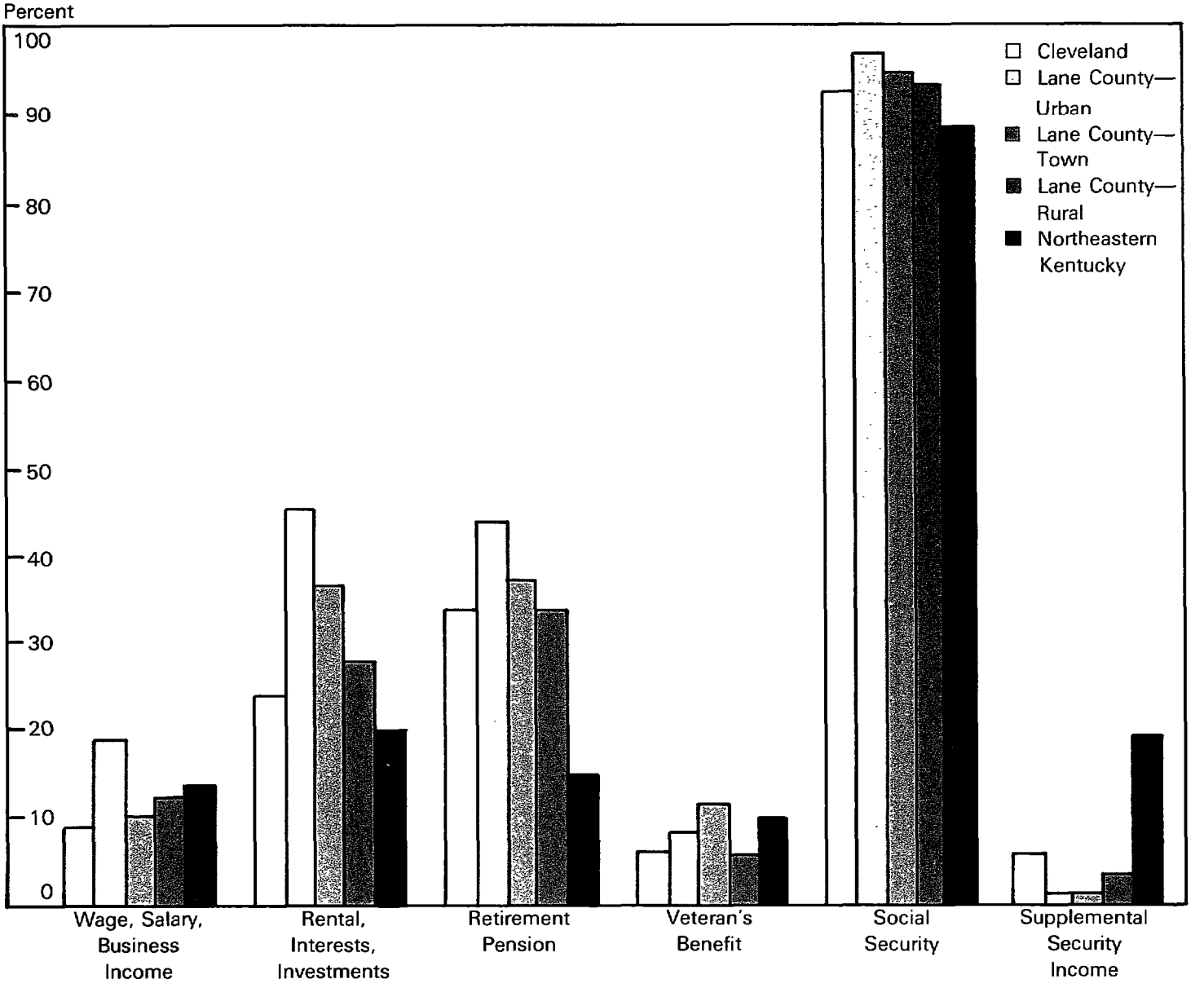


Income Sources

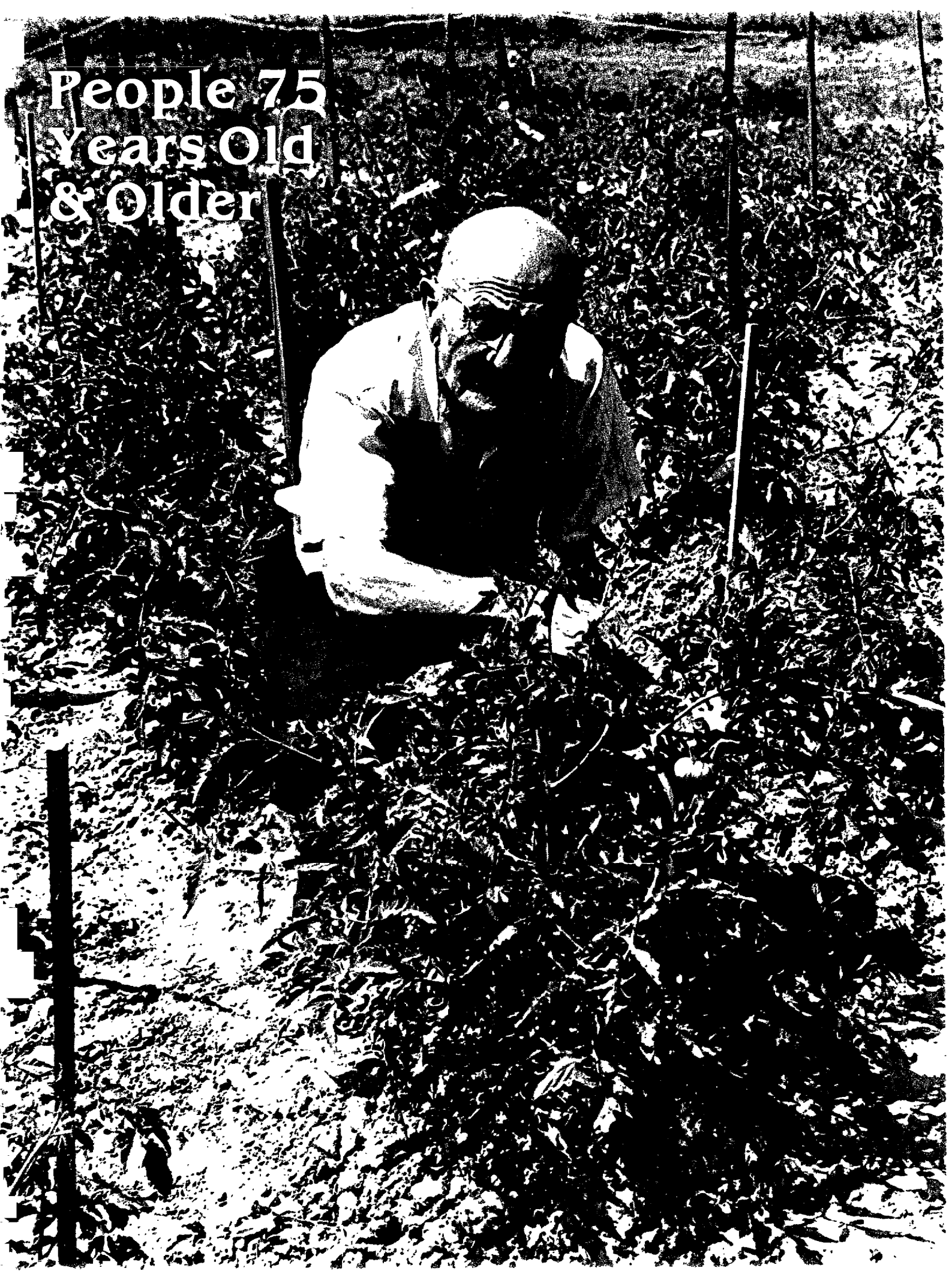
Most older people at the three locations had income from social security. The percentage of recipients ranged from 88 percent in northeastern Kentucky to 96 percent in urban Lane County.

Fewer people in northeastern Kentucky (14 percent) had retirement pensions than elsewhere (ranging from 33 percent in rural Lane County to 43 percent in urban Lane County). Also, more older people in northeastern Kentucky had income from Supplemental Security Income payments (18 percent) compared to the other locations--3 percent in rural Lane County, 5 percent in Cleveland, and 1 percent in Lane County (urban and town).

Income Sources of Older People Living in Urban, Town and Rural Areas



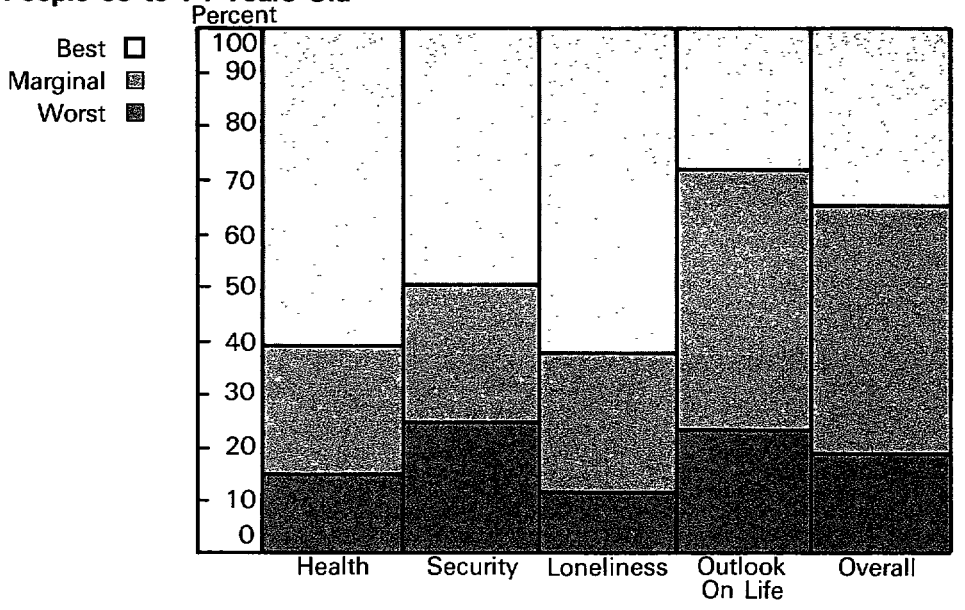
People 75 Years Old & Older



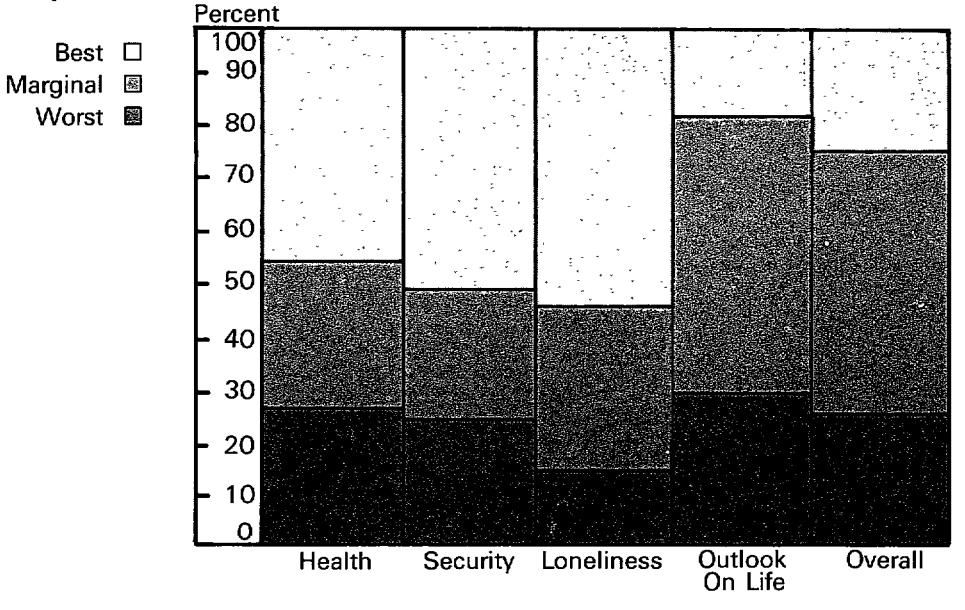
Conditions

People 75 years old and older are generally in a worse condition than those 65 to 74 years old. Twenty-six percent of the people 75 years old and older were in the ***worst*** health condition, compared to 14 percent of the people 65 to 74 years old in the worst health condition.

People 65 to 74 Years Old



People 75 Years and Older

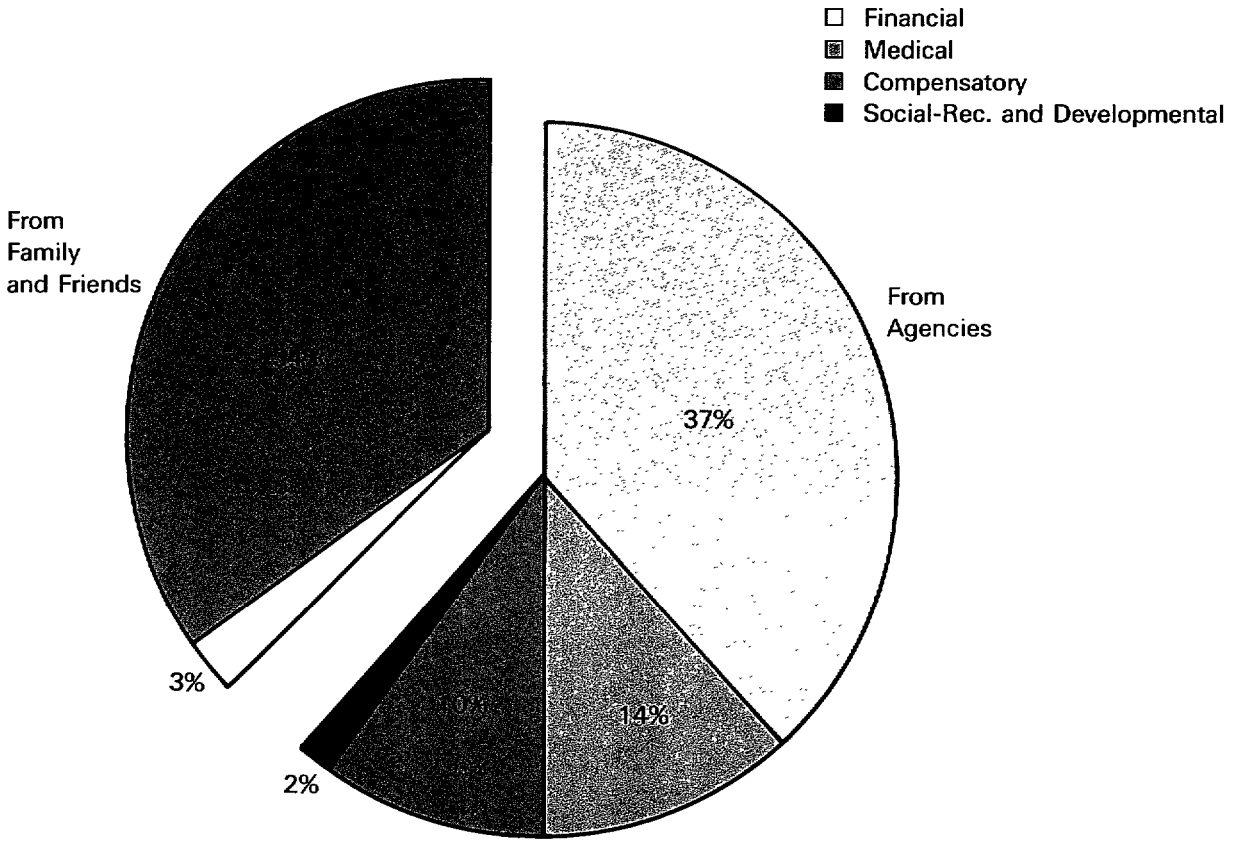


Source Of Help

The average annual cost of providing help to each person 75 years old and older was $7,413, of which $4,682 was received from agencies and the remaining $2,731 from family and friends.

Services provided by family and friends are compensatory and financial representing 34 percent and 3 percent of total services, respectively.

Primary Sources Of Help For Older People By Type Of Help



Cost Of Help

Using Cleveland results and projecting nationally for illustrative purposes, about $58 billion in help is provided annually to the 7.8 million people who are 75 years old and older and live outside institutions. Most of this help is federally funded.

Expanding Help To Older People

Expansion of all six kinds of help to those 75 years old and older who need the help would mean a 24 percent increase ($1,770) in per person cost for the first year. Nationally, this would mean a $13.8 billion increase. More than half ($8 billion) of this additional cost to expand help would be in the financial help category.

Average Annual Cost of Help for Each Person in Cleveland 75 Years Old and Older

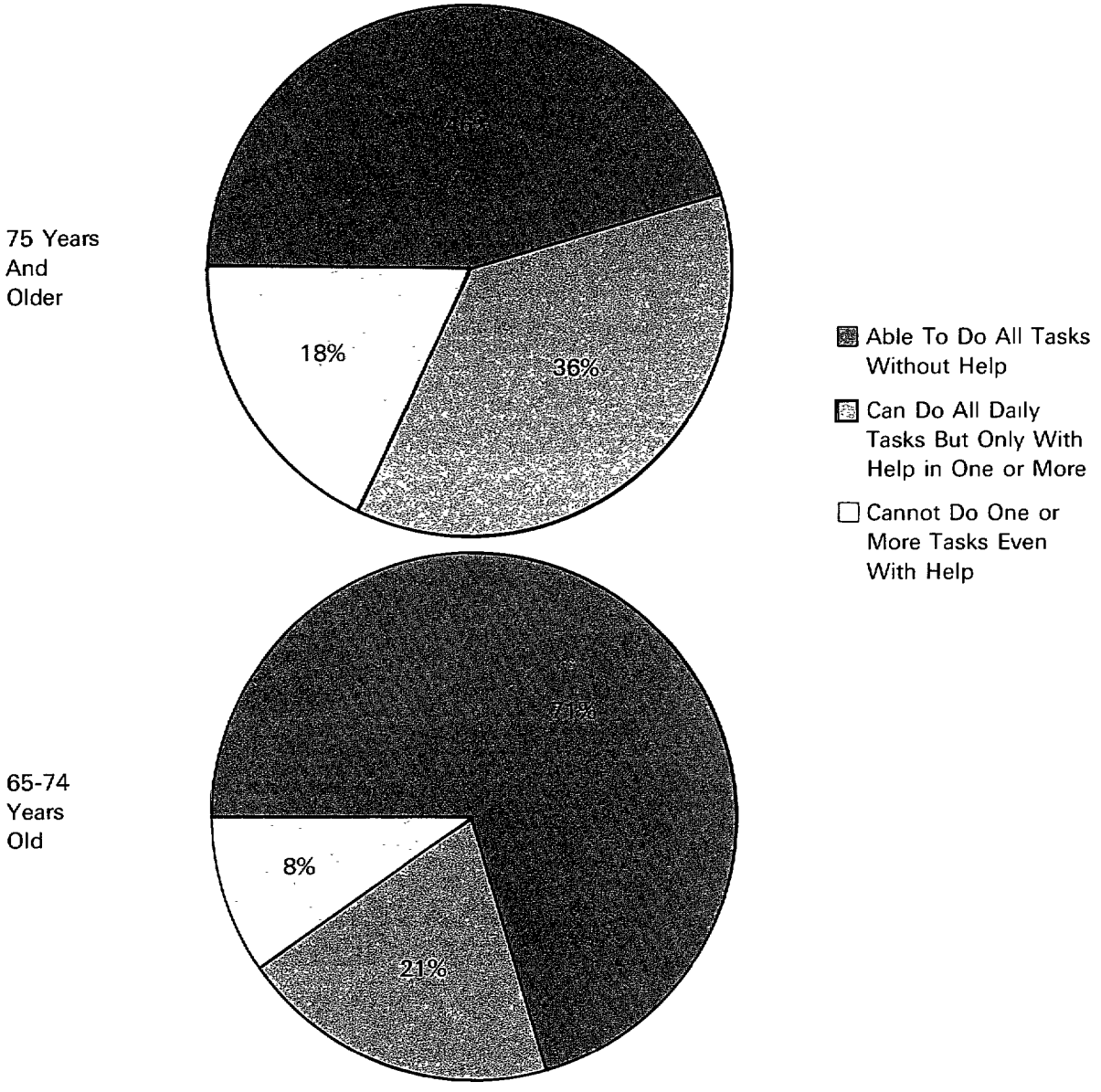
Kind of Help	From Family and Friends	From Agencies	Total Dollars	Total Percent	Projected National Estimate (Billions)
Medical Treatment	$ —	$1,039	$1,039	14.02	$ 8.10
Compensatory	2,492	740	3,232	43.60	25.20
Financial	237	2,768	3,005	40.54	23.50
Social-Recreational	—	130	130	1.75	1.00
Caregiving	2	4	6	.08	.05
Developmental	—	1	1	.01	.01
	$2,731	$4,682	$7,413	100.00	$57.86
Percent	37	63	100		

Kind of Help	Average Cost Per Person Without Expanding Help	Estimated First-Year Costs to Expand Help to People 75 Years Old and Older: Average Per Person	National Total Estimate (Millions)	Percent of Total Additional Cost
Medical Treatment	$1,039	$ 132	$ 1,031	7.5
Compensatory	3,232	537	4,193	30.3
Financial	3,005	1,029	8,034	58.1
Social-Recreational	130	64	500	3.6
Caregiving	6	2	16	.1
Developmental	1	6	47	.4
Total	$7,413	$1,770	$13,821	100.0
Percent Increase		24		

Functionally Impaired People

Only 8 percent of the people who are 65 to 74 years old are functionally impaired as compared to 18 percent of 75 years old and older. Functional impairment is defined as a person's ability to perform daily tasks, such as preparing meals, bathing, walking, shopping, and eating. If an older person could not do one or more of these tasks even if helped, he or she was considered functionally impaired.

Estimate of the Percentage of People Who Are Functionally Impaired, by Age Group

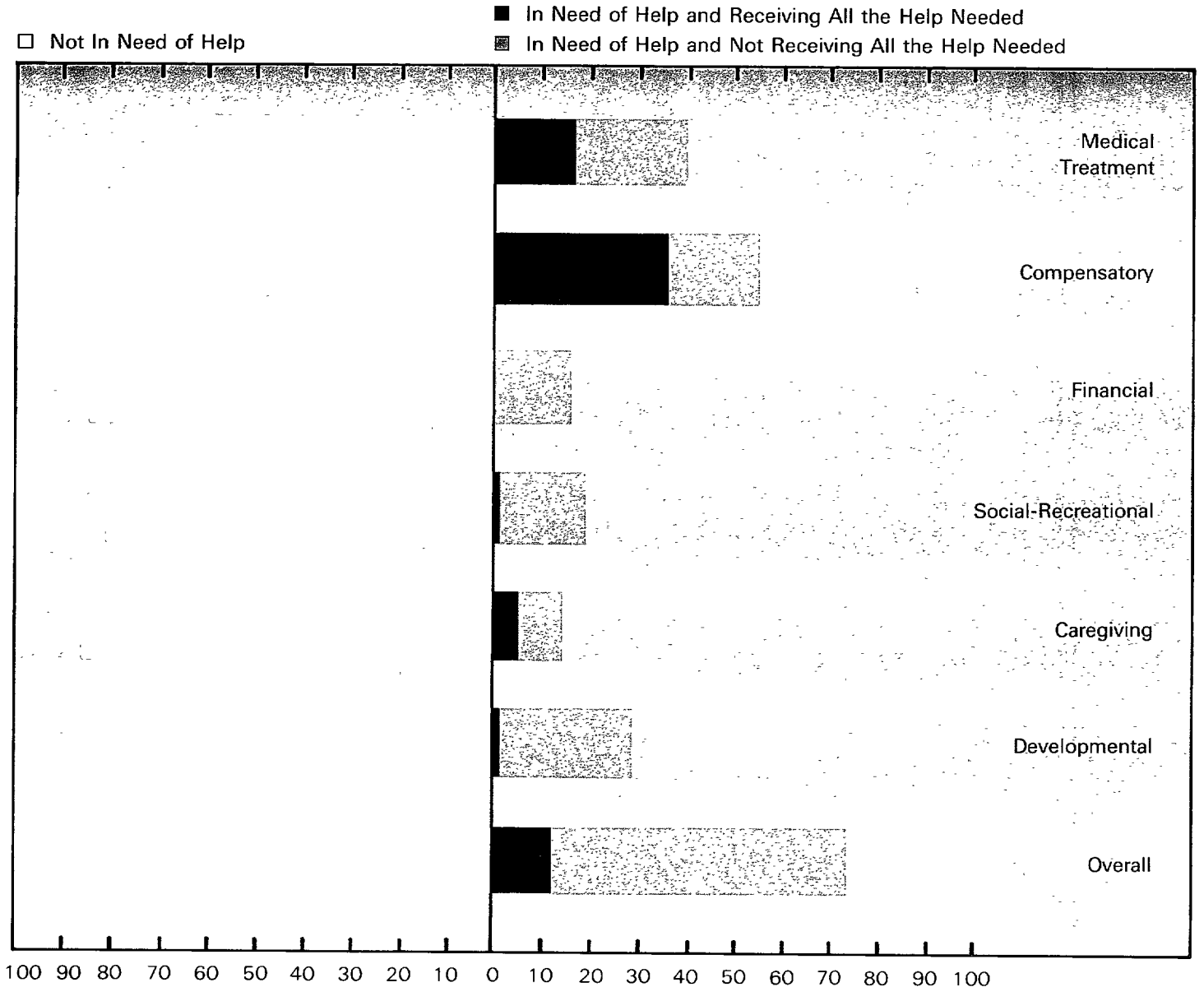


Unmet Needs

Overall, 61 percent of the people 75 years old and older needed help, in addition to the help they were already receiving.

The kinds of help that reached the least proportion of those in need were financial, social-recreational, and developmental. Overall, 73 percent of these people needed some kind of help--12 percent received all the help needed and 61 percent needed additional help.

Percentage of People 75 Years and Older in Need of Services



Older People In Public Housing

Conditions Of Older People

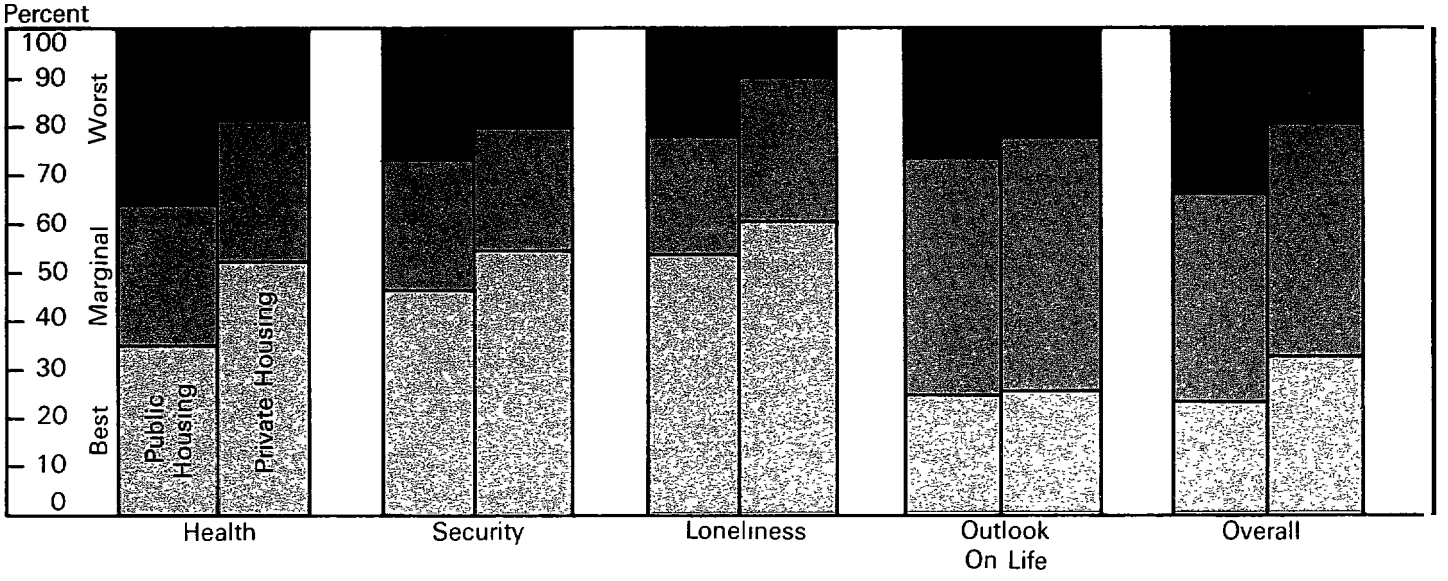
Overall, older people living in public housing were defined as having worse personal conditions than those living in private housing.

About one-fourth (23 percent) of those in public housing were defined as being in the ***best*** overall condition, compared to one-third (32 percent) of those living in private housing. At the other end of the spectrum, about one-third (34 percent) of the people living in public housing were in the ***worst*** condition, compared to one-fifth (20 percent) of the people living in private housing.

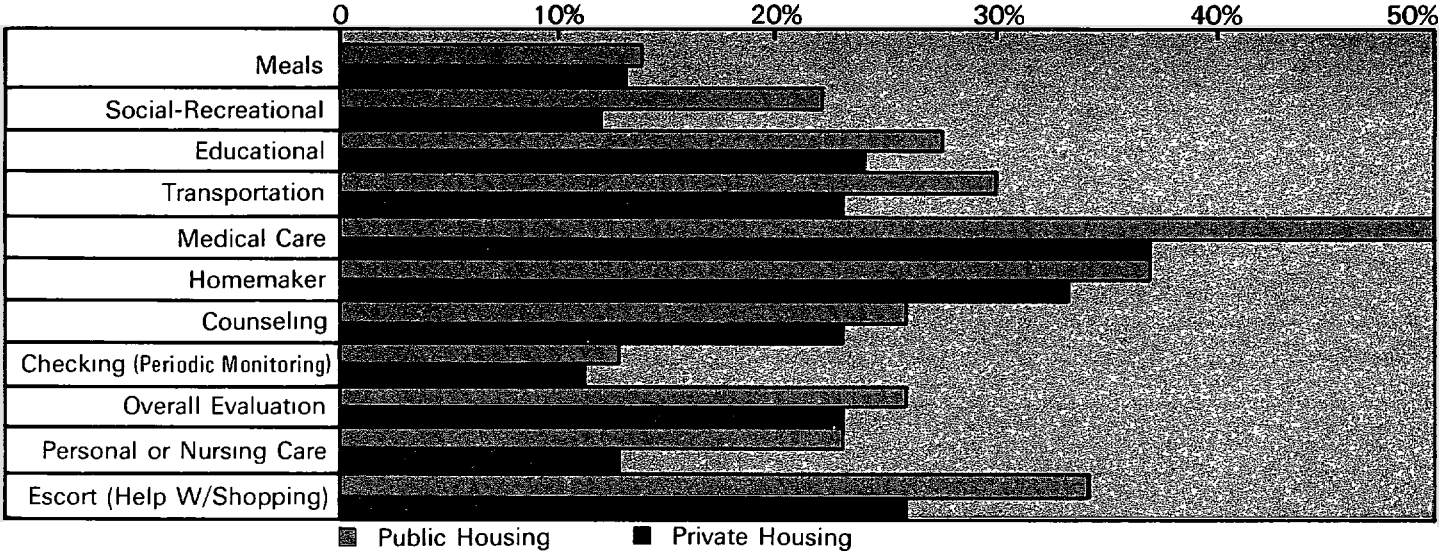
Need For Services

Older people living in public housing have a significantly greater need for social-recreational, medical, and personal or nursing care services than people living in private housing.

Level of Conditions for Older People In Public and Private Housing



Percent of Older People Needing Services Living in Public and Private Housing



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Acknowledgments

The United States General Accounting Office expresses its appreciation to the older people who participated in the Ohio, Oregon, and Kentucky studies. We also thank Dr. Martin Horejs and Dr. Robert Matthews for giving us the data bases on the Oregon and Kentucky studies, respectively.

Our particular thanks to Sandy Weiner and Cynthia Strite, who planned and organized the material for this booklet from numerous reports. We would also like to thank Sharon Connolly for editing the text. We are deeply indebted to Sharon Sebastian, whose creativity and artistic ability made this booklet visually exciting to read.

We thank the Li... of Cong...
Admin... ng, Mayor...
...ndy, Ba...
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...), who con...
...e in this b...